MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM

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*****ADVISORY – Important Information*****

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TO: All Maine Health Alert Network Recipients

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SUBJECT: **Maine CDC H1N1 Update**

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Maine CDC H1N1 Update
May 28, 2009

This Maine CDC Health Advisory is providing an update on the H1N1 situation in Maine as well as some important updates from U.S. CDC.

Although Maine CDC has identified and conducted case investigations on 10 people with either confirmed or probable H1N1, other nearby states are seeing much more of the infection, resulting in some school closures and hospitalizations. For instance, Massachusetts has over 400 confirmed cases of H1N1, mostly in the Greater Boston area, with 90% of them in people under 40 years of age. There are currently 27 people hospitalized with the infection, and about a dozen schools have closed due to H1N1 in Massachusetts. (http://publichealth.blog.state.ma.us/h1n1-swine-flu/). New York has also seen several hundred confirmed cases, mostly among young people, and has had several dozen schools closed. New Hampshire has 31 confirmed cases, with all but two under age 50 (http://www.dhhs.state.nh.us/DHHS/DHHS_SITE/swineflu.htm).

The Maine CDC public health laboratory (HETL) has performed nearly 1,700 influenza PCR tests the past month, and with newly acquired equipment will be doing confirmatory H1N1 testing later this week.

Maine CDC H1N1 Data and Updates: http://www.maine.gov/dhhs/boh/swine-flu-2009.shtml

National Data: US CDC reports 7,927 confirmed and probable cases (with 70% being under age 24) in 48 states, including11 deaths and several dozen hospitalized, the latter all under the age of 60.
(http://www.cdc.gov/swineflu/investigation.htm)

International Data: WHO reports 13,398 cases in 48 countries. Highest number of cases outside of Mexico and the U.S. care Canada, Japan, and Spain. (http://www.who.int/csr/don/en/)

These data provide some important insights:

- As the infection spreads and re-circulates, the numbers of cases and specific locations become less meaningful. The number of identified cases simply indicates the presence of H1N1 in Maine.
- As the infection spreads we expect to see some increase in severity, as has been seen in other states.
- There appears to be a high spread among children and young adults.
- The strategies recommended the last four weeks continue to be very important.

Basic Resources
Because recommendations from U.S. CDC are being updated very frequently, we strongly urge clinicians, school officials, and others to review the most updated guidance before making clinical or other decisions. **We will not be issuing a health advisory for every update**. There are several resources for information:

- The U.S. CDC's website can be found at: http://www.cdc.gov/h1n1/

- Maine CDC's website has Maine-specific information, including daily updates and links to federal information. It is located at: http://www.maine.gov/dhhs/boh/swine-flu-2009.shtml and is also found on the Maine CDC's homepage: www.mainepublichealth.gov
- Maine Department of Education's website has resources and information for schools and parents. It can be found at: http://www.maine.gov/education/h1n1/index.html
- Health care providers or school officials needing updated clinical guidance should call Maine CDC's 24-hour clinical consultation line (1-800-821-5821). This is also the resource to report a suspected case and obtain testing information including expediting the transportation of samples for testing. Maine CDC's Health and Environmental Testing Laboratory (HETL) will perform influenza RT-PCR tests and sub-typing for influenza A positive specimens. Instructions on collecting and submitting laboratory diagnostic specimens for H1N1 influenza testing are available at http://www.maine.gov/dhhs/etl/micro/submitting_samples.htm.•
- The public information line with questions about H1N1 may also call our information support line at 1-888-257-0990 weekdays from 9am to 5pm.

Overall Strategies

The overall goal of Maine's efforts to address H1N1 is to minimize its impact in our state.

Strategies to slow the spread of this infection include:

- Having easily available tools (soap/water, hand sanitizer, tissues, reminder posters, etc) for maintaining respiratory etiquette in workplaces, schools, daycares, and wherever people are gathered;
- Isolating people with symptoms such as a fever and respiratory symptoms (whether they have had a test for influenza or not);
- Isolating appropriate household contacts;
- Encouraging people at high-risk for complications to take precautions;
- Implementing other community mitigation strategies such as closures and cancellations when appropriate.

We advise schools to follow the recommendations of the Maine CDC and U.S. CDC with regard to the H1N1 flu:

  - Individuals with fever (100 F or 37.7 C) <u>and</u> sore throat or cough may have influenza. These persons should remain home from school for seven days or until symptoms are gone for 24 hours, whichever is longer.
  - Individuals who test negative for influenza by a PCR test may return to school when asymptomatic. A negative rapid antigen test is <u>not</u> an acceptable substitute for a PCR test because of a significant proportion of false negative results.
  - The above guidance remains in effect even if an individual has a note from a physician, unless an alternative diagnosis is supported by laboratory results (e.g., strep throat, pertussis)
  - If an individual has fever alone, vomiting or diarrhea, a sore throat or a new cough, he/she should remain home from school until symptoms are gone for 24 hours.

All of the above strategies can: delay the peak of the disease in order to "buy time" for the production and distribution of a vaccine against this new virus; decrease the number of people who get sick from this virus in a given community, thus reducing any surge on healthcare systems; and reduce the total number of people who get sick or die.

Because H1N1 is now found to be circulating in many parts of the globe, including places in the southern hemisphere where the time for seasonal influenza is beginning, we also need to prepare for what could be a more severe fall and winter with seasonal influenza since both H1N1 and seasonal influenza viruses could be circulating simultaneously. Such preparations include:

- Reviewing successes and lessons learned from the last four weeks and adjusting one's pandemic influenza plans appropriately;
- Reviewing and adjusting one's pandemic plans for a higher severity index; and
- If applicable, preparing for large scale vaccinations.

The most important strategies to minimize H1N1's impact in Maine continue to be:

- Maintain vigilant **respiratory etiquette**: covering coughs and sneezes with sleeves or a tissue; washing hands frequently with soap and water or hand sanitizer; avoiding close contact with sick people; and staying home if ill, especially with a fever.
- **Stay informed** since this event is changing and so is the resulting guidance.
- **Make preparations**. If one does not have a pandemic influenza plan, then preparation check lists for a variety of settings can be found at: http://www.pandemicflu.gov/plan/checklists.html. These plans generally call for such measures as ensuring adequate critical supplies are on hand and preparing for higher than normal absenteeism.

New and Updated CDC Guidance Related to Novel H1N1 Flu

Influenza illness, including illness associated with the novel influenza A H1N1 virus is ongoing in the United States. The May 22 *FluView* Report shows that influenza activity is decreasing in the United States; however, levels of influenza-like illness are higher than normal for this time of year. At this time, the majority of influenza viruses isolated in the United States are now novel H1N1 viruses.

It's uncertain at this time how severe this novel H1N1 outbreak will be in terms of how many people infected have severe complications or death related to novel H1N1 infection. While nation-wide influenza-like-illness surveillance is trending downward, localized outbreaks are ongoing and it's likely that such outbreaks will continue over the summer. It's uncertain how the novel H1N1 virus will affect the upcoming 2009-2010 influenza season.

The Centers for Disease Control and Prevention continues its response to the novel H1N1 Flu outbreak. CDC's goals continue to be to reduce the spread and severity of illness and to provide information to assist health care providers, public health officials, and the public address the challenges posed by this emergency. To this end, CDC continues to develop and update guidance documents and provide other information.

New on the CDC Web Site:

Interim Guidance for Correctional and Detention Facilities on Novel Influenza A (H1N1) Virus (http://www.cdc.gov/h1n1flu/guidance/correctional_facilities.htm)
This interim guidance is specific to correctional facilities to ensure continuation of essential public services and protection of the health and safety of inmates, staff and visitors in the context of a novel influenza A (H1N1) virus outbreak.

Guidelines for the Submission of Tissue Specimens for the Pathologic Evaluation of Influenza Virus Infections (http://www.cdc.gov/h1n1flu/tissuesubmission.htm)
This guidance has been updated to refine the specimen sampling recommendations and to provide more detailed shipping instructions.

Interim Recommendations for Facemask and Respirator Use to Reduce Novel Influenza A (H1N1) Virus Transmission (http://www.cdc.gov/h1n1flu/masks.htm)
This document provides updated interim guidance on the use of facemasks and respirators for decreasing exposure to novel influenza A (H1N1) virus.

FluView Report
The Epidemiology and Prevention Branch in the Influenza Division at CDC collects, compiles and analyzes information on influenza activity year round in the United States and produces a weekly report published each Friday called "*FluView*" at http://www.cdc.gov/flu/weekly/.

Additional documents for health care providers, public health officials and the public are available on www.cdc.gov. Information for the public is posted daily in both English and Spanish. Also, CDC's toll-free hotline, 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, is available 24 hours a day, every day.

CDC Guidance on Antiviral Treatment of Patients with Confirmed, Probable, or Suspected Cases of Novel Influenza A (H1N1)

Summary: As a reminder to clinicians, this Health Update summarizes existing CDC guidance issued on May 6, 2009 on the use of antiviral drugs in novel H1N1 patients and their close contacts. CDC recommends that influenza antiviral treatment be given to all hospitalized patients with confirmed, probable, or suspected novel influenza A (H1N1) and any patient with confirmed, probable or suspected novel influenza A (H1N1) who is at higher risk for seasonal influenza complications. All hospitalized patients should be carefully monitored and treated with antiviral medications as soon as possible after admission, including patients who seek treatment more than 48 hours after onset of symptoms. The drugs recommended for treatment are either oseltamivir or zanamivir. The novel H1N1 viruses are resistant to amantadine and rimantadine.

Background:
Clinical studies indicate that antiviral treatment is safe and effective for seasonal influenza, and that treatment is most effective if started as early as possible, preferably within 48 hours of

illness onset. Antiviral susceptibility testing of novel H1N1 viruses indicates that antiviral drugs should be effective for treatment of this new strain of influenza also.

A recent study published in the Morbidity and Mortality Weekly Report (*MMWR)* described diagnosis, medical conditions, and treatment of 30 patients hospitalized in California with novel influenza A (H1N1) infection during April and May 2009. The report indicated that only 15 of 30 patients hospitalized with novel H1N1 infection received antiviral treatment. Treatment was initiated within 48 hours of symptom onset in only 5 of the 30 patients, although in some instances patients presented for medical care more than 48 hours after onset of illness. Although the majority of hospitalized persons infected with novel influenza A (H1N1) recovered without complications, some patients had severe and prolonged illness, and several remain hospitalized. Among hospitalized patients with novel influenza A (H1N1), about half of those who had chest x-rays taken had findings consistent with pneumonia, but few had evidence of bacterial co-infection. Primary influenza virus pneumonia, with or without bacterial co-infection, is a potentially life-threatening illness.

Recommendations:
CDC recommends that antiviral treatment for novel influenza A (H1N1) be given as soon as possible after onset of symptoms for all hospitalized patients with confirmed, probable, or suspected novel influenza A (H1N1) virus infection. All hospitalized patients with novel influenza A (H1N1) infection should be monitored carefully and treated with antiviral therapy, including patients who seek care more than 48 hours after illness onset. Influenza antiviral medicines should be initiated as soon as possible if influenza is suspected, and often before diagnostic test results (RT-PCR) are available, for maximum benefit. If bacterial co-infection is suspected, antibacterials should be directed at likely pathogens (e.g., *S. pneumoniae, S. aureus*) consistent with existing guidelines for the management of community-acquired pneumonia.* Antibacterial therapy also should be initiated after appropriate diagnostic specimens are obtained, including blood, respiratory secretions (especially for intubated patients), and pleural fluid for culture and urine for pneumococcal antigen testing (in adults).

Patients who are at higher risk for seasonal influenza complications (including people 65 years and older, children younger than five years old, pregnant women, and people of any age with chronic medical conditions) are also recommended for treatment, regardless of whether they require hospitalization.

For More Information:

Antiviral Treatment for Novel Influenza A (H1N1) Virus Infection
http://www.cdc.gov/h1n1flu/recommendations.htm

MMWR: Hospitalized Patients with Novel Influenza A (H1N1) Virus Infection --- May 18, 2009 / 58(Early Release);1-5 California, April--May, 2009
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58e0518a1.htm

Additional documents for health care providers, public health officials, and the public are available on www.cdc.gov. Information for the public is posted daily in both English and

Spanish. Also, CDC's toll-free hotline, 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, is available 24 hours a day, every day.

*Mandell LA, Wunderink RG, Anzueto A, et al. Infectious Diseases Society of America / American Thoracic Society Consensus Guidelines on the Management of Community-acquired Pneumonia in Adults. Clin Infect Dis 2007;44 Suppl 2:S27-72.